

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**Applicant(s): **EXLER, Timothy W.**

Docket No.

01-393

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit
10/082,834	February 25, 2004	Ramon O. Ramirez	30058	3632

Invention: **FOLDING MAGNETIC HOLDING WRAP FOR CUPS OR MUGS**

I hereby certify that the following documents:

- 1 Amendment and Response (9 pages)
- 1 Set of Drawings (18 pages)
- 1 Petition for Extension of Time
- 1 Check for \$210.00
- 1 Transmittal Form
- 1 Fee Transmittal Form
- 1 Acknowledgment Postcard

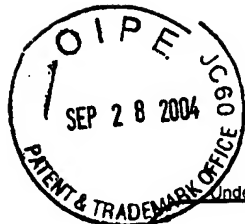
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Mail Stop Non-Fee Amendment
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EXPRESS MAIL LABEL NO.: EV 465894961

Dated: September 28, 2004

Donna Brutscher



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/082,834

Filing Date February 25, 2002

First Named Inventor EXLER, Timothy W.

Art Unit 3632

Examiner Name Ramirez, Ramon O.

Attorney Docket Number 01-393

ENCLOSURES (Check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/
Incomplete Application
<input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers

<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC

<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences

<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

<input type="checkbox"/> Proprietary Information

<input type="checkbox"/> Status Letter

<input type="checkbox"/> Other Enclosure(s) (please Identify
below): |
|--|---|---|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Cohen & Grigsby, P.C.		
Signature			
Printed name	John A. Monocello III		
Date	September 28, 2004	Reg. No.	51,022

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name		Date	

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